



Medicaid Update for Community Partners

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Health Care Authority
Eligibility Policy and Service Delivery
March 27, 2014 (updated 10/2016)

HCA MEDICAID UPDATE

Introduction

TOPIC

- MAGI Income in Healthplanfinder

MAGI INCOME in HEALTHPLANFINDER

Tax Returns and Income

The image displays three overlapping IRS tax forms for the year 2013. The top form is the 1040, followed by the 1040A, and the 1040EZ at the bottom. Each form includes the Department of the Treasury—Internal Revenue Service logo and the year 2013. The 1040 form also includes the OMB No. 1545-0074 and the instruction 'IRS Use Only—Do not write or staple in this space.' The 1040A form includes the instruction 'See separate instructions.' and the instruction 'Your social security number'. The 1040EZ form includes the instruction 'OMB No. 1545-0074', the instruction 'Your social security number', and the instruction 'Spouse's social security number'. The 1040EZ form also includes a warning: 'Make sure the SSN(s) above are correct.' and a section for 'Presidential Election'.

Form 1040 Department of the Treasury—Internal Revenue Service (99) **2013** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year **2013**, ending **20** See separate instructions.

Your first name and initial Last name **2013** IRS Use Only—Do not write or staple in this space.

Form 1040A Department of the Treasury—Internal Revenue Service (99) **2013** OMB No. 1545-0074 Your social security number

Your first name and initial Last name **2013** IRS Use Only—Do not write or staple in this space.

Form 1040EZ Department of the Treasury—Internal Revenue Service (99) **2013** OMB No. 1545-0074 Your social security number

Your first name and initial Last name **2013** OMB No. 1545-0074

If a joint return, spouse's first name and initial Last name Your social security number

Home address (number and street). If you have a P.O. box, see instructions. Spouse's social security number

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Apt. no. Make sure the SSN(s) above are correct.

Foreign country name Foreign country name Presidential Election

Income

- Healthplanfinder asks for the client's household income for the CURRENT MONTH.
- If a client's income changes from month to month, the client may use one of two methods:
 - AVERAGE monthly income over the course of months, or
 - ACTUAL monthly income
- The client must report a change in monthly income more than \$150, based on how the income was reported
 - If the client reported average income, report a change more than \$150 in AVERAGE INCOME
 - If the client reported actual income, report a change more than \$150 in ACTUAL INCOME

Tax Returns

- Remember: Last year's tax returns (which report annual income) may not be an accurate reflection of the household's current monthly income
- Before using last year's tax returns, always confirm with the client that his or her tax return reflects his or her current income (i.e., nothing has changed)

MAGI versus AGI

Modified Adjusted Gross Income (MAGI) is:

- Adjusted Gross Income (AGI) - found on an individual's IRS form 1040, 1040A or 1040EZ
- With the following modifications:
 - Add in foreign earned income
 - Add in non-taxable Social Security and Railroad Retirement income
 - Subtract certain American Indian/Alaska Native income

Form 1040

Form	1040	Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return	2013	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																														
For the year Jan. 1–Dec. 31, 2013, or other tax year beginning _____, 2013, ending _____, 20																																			
Your first name and initial		Last name		See separate instructions. Your social security number _____																															
If a joint return, spouse's first name and initial		Last name		Spouse's social security number _____																															
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.																															
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																															
Foreign country name		Foreign province/state/county		Foreign postal code																															
Filing Status Check only one box.																																			
1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ► 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ► 5 <input type="checkbox"/> Qualifying widow(er) with dependent child																																			
Exemptions 6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input type="checkbox"/> Spouse <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">c Dependents:</th> <th style="text-align: center;">(2) Dependent's social security number</th> <th style="text-align: center;">(3) Dependent's relationship to you</th> <th style="text-align: center;">(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> <tr> <th style="text-align: left;">(1) First name</th> <th style="text-align: left;">Last name</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> d Total number of exemptions claimed						c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	(1) First name	Last name								<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)																															
(1) First name	Last name																																		
				<input type="checkbox"/>																															
				<input type="checkbox"/>																															
				<input type="checkbox"/>																															
				<input type="checkbox"/>																															
If more than four dependents, see instructions and check here ► <input type="checkbox"/>																																			
Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required.																																			

Form 1040A

Form **1040A** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** (99) **2013** IRS Use Only—Do not write or staple in this space.

Your first name and initial		Last name		OMB No. 1545-0074	
				Your social security number : : :	
If a joint return, spouse's first name and initial		Last name		Spouse's social security number : : :	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).					
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

Filing status Check only one box.	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
	2 <input type="checkbox"/> Married filing jointly (even if only one had income)	
	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)

Exemptions If more than six dependents, see instructions.	6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.			Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above
	b <input type="checkbox"/> Spouse			
	c Dependents:			
	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you
				(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>

Form 1040EZ

Form 1040EZ		Department of the Treasury—Internal Revenue Service Income Tax Return for Single and Joint Filers With No Dependents (99)		2013		OMB No. 1545-0074	
Your first name and initial			Last name			Your social security number : : : : : : : : :	
If a joint return, spouse's first name and initial			Last name			Spouse's social security number : : : : : : : : :	
Home address (number and street). If you have a P.O. box, see instructions.						Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).						▲ Make sure the SSN(s) above are correct.	
Foreign country name			Foreign province/state/county		Foreign postal code		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment.	1		Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.				1
	2		Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.				2
	3		Unemployment compensation and Alaska Permanent Fund dividends (see instructions).				3
	4		Add lines 1, 2, and 3. This is your adjusted gross income .				4
	5		If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,000 if single ; \$20,000 if married filing jointly . See back for explanation.				5
	6		Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .				6

Form 1040 Income Line Items vs. Healthplanfinder Questions

Are you or someone in your household currently employed?

Are you or someone in your household currently self-employed?

Do you or someone in your household expect to receive unemployment income this month?

Do you or someone in your household receive social security or railroad retirement benefits?

7		Wages, salaries, tips, etc. Attach Form(s) W-2		SCH XXXX	
8a		Taxable interest. Attach Schedule B if required			
b		Tax-exempt interest. Do not include on line 8a		8b	
9a		Ordinary dividends. Attach Schedule B if required			
b		Qualified dividends		9b	
10		Taxable refunds, credits, or offsets of state and local income taxes			
11		Alimony received			
12		Business income or (loss). Attach Schedule C or C-EZ			
13		Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>			
14		Other gains or (losses). Attach Form 4797			
15a	IRA distributions	15a		b	Taxable amount
16a	Pensions and annuities	16a		b	Taxable amount
17		Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			
18		Farm income or (loss). Attach Schedule F			
19		Unemployment compensation			
20a	Social security benefits	20a		b	Taxable amount
21		Other income. List type and amount			
22		Combine the amounts in the far right column for lines 7 through 21. This is your total income ►			

Form 1040 Income Line Items vs. Healthplanfinder Questions

Have you or someone in your household received: dividend payments from companies in which you hold stock, shares, or ownership, interest payments (both taxable and tax-exempt), capital gains or losses, farm income or losses, or income from partnerships, S corporations, trusts, etc., other than what you reported above for self-employment?

Do you or someone in your household receive income from renting a home or royalties that was not included in your self-employment income?

7	Wages, salaries, tips, etc. Attach Form(s) W-2			
8a	Taxable interest. Attach Schedule B if required			
b	Tax-exempt interest. Do not include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required			
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes			
11	Alimony received			
12	Business income or (loss). Attach Schedule C or C-EZ			
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>			
14	Other gains or (losses). Attach Form 4797			
15a	IRA distributions	15a		b Taxable amount
16a	Pensions and annuities	16a		b Taxable amount
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			
18	Farm income or (loss). Attach Schedule F			
19	Unemployment compensation			
20a	Social security benefits	20a		b Taxable amount
21	Other income. List type and amount _____			
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ►			

Form 1040 Income Line Items vs. Healthplanfinder Questions

Do you or someone in your household receive an annuity or pension (including military retirement that is not disability related) or IRA distribution income?

Do you or someone in your household receive alimony/spousal support, foreign earned income, other claimable gains or losses, or Economic Development funds from tribes (for example, per capita distributions from gaming)?

7	Wages, salaries, tips, etc. Attach Form(s) W-2			
8a	Taxable interest. Attach Schedule B if required			
b	Tax-exempt interest. Do not include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required			
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes			
11	Alimony received			
12	Business income or (loss). Attach Schedule C or C-EZ			
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>			
14	Other gains or (losses). Attach Form 4797			
15a	IRA distributions	15a		b Taxable amount
16a	Pensions and annuities	16a		b Taxable amount
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			
18	Farm income or (loss). Attach Schedule F			
19	Unemployment compensation			
20a	Social security benefits	20a		b Taxable amount
21	Other income. List type and amount			
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income			

Form 1040: Deduction Line Items to Calculate AGI

Do you or someone in your household contribute monthly to a Health Savings Account?

If you or someone in your household is a student attending a college of higher education, do you pay tuition or other school related fees?

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889 .	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE .	27		
28	Self-employed SEP, SIMPLE, and qualified plans . .	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ► <input type="text"/>	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917.	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35			
37	Subtract line 36 from line 22. This is your adjusted gross income ►			

Form 1040: Deduction Line Items to Calculate AGI

Do you or someone in your household have any of the following expenses: alimony/spousal support, student loan interest, educator expenses, moving costs since January of the current year, domestic production activities, penalty on early withdrawal of savings, pre-tax retirement account payments (excluding Roth IRA contributions), or certain claimable business expenses of reservists, performing artists, or fee-basis government officials? For each of these categories, please provide the amount that the IRS would allow you to subtract from total income to calculate your adjusted gross income.

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889 .	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE .	27		
28	Self-employed SEP, SIMPLE, and qualified plans . .	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ► <input type="text"/>	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917.	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35			
37	Subtract line 36 from line 22. This is your adjusted gross income ►			

Form 1040: Deduction Line Items to Calculate AGI

Do you or someone in your household pay self-employment tax?
(Appears on Household Income screen if you answer Yes to “Are you or someone in your household currently self-employed?”)

Do you or someone in your household pay into a self-employment retirement plan (SEP, Simple or qualified plan) or pay self-employment health insurance?
(Appears on Household Income screen if you answer Yes to “Are you or someone in your household currently self-employed?”)

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889 .	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE .	27		
28	Self-employed SEP, SIMPLE, and qualified plans . .	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ► <input type="text"/>	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917.	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35			
37	Subtract line 36 from line 22. This is your adjusted gross income ►			

HPF Income to Tax Returns

Healthplanfinder Household Income Screen	1040EZ Lines	1040A Lines	1040 Lines
Income			
Are you or someone in your household currently employed?	1	7	7
Are you or someone in your household currently self-employed?			12
Have you or someone in your household received: dividend payments from companies in which you hold stock, shares, or ownership, interest payments (both taxable and tax-exempt), capital gains or losses, farm income or losses, or income from partnerships, S corporations, trusts, etc., other than what you reported above for self-employment?	2	8a,8b, 9a,10	8a,8b, 9a,13, 17*,18
Do you or someone in your household receive income from renting a home or royalties that was not included in your self-employment income?			17*

*Include Form 1040 Line 17 income in either HPF income category

HPF Income to Tax Returns (cont'd)

Healthplanfinder Household Income Screen	1040EZ Lines	1040A Lines	1040 Lines
Income			
Do you or someone in your household expect to receive unemployment income this month?	3	13	19
Do you or someone in your household receive social security or railroad retirement benefits?		14a	20a
Do you or someone in your household receive an annuity or pension (including military retirement that is not disability related) or IRA distribution income?		11b,12b	15b,16b
Do you or someone in your household receive alimony/spousal support, foreign earned income, other claimable gains or losses, or Economic Development funds from tribes (for example, per capita distributions from gaming)?			10,11, 14,21

HPF Deductions to Tax Returns

Healthplanfinder Household Deduction Screen	1040EZ Lines	1040A Lines	1040 Lines
Deductions			
If you or someone in your household is a student attending a college of higher education, do you pay tuition or other school related fees?		19	34
Do you or someone in your household contribute monthly to a Health Savings Account?			25
Do you or someone in your household have any of the following expenses: alimony/spousal support, student loan interest, educator expenses, moving costs since January of the current year, domestic production activities, penalty on early withdrawal of savings, pre-tax retirement account payments (excluding Roth IRA contributions), or certain claimable business expenses of reservists, performing artists, or fee-basis government officials?		16,17, 18	23,24, 26,28*, 29*,30, 31a,32, 33,35

*Include in this HPF income category if client is not self-employed.

HPF Deductions to Tax Returns

Healthplanfinder Household Deduction Screen	1040EZ Lines	1040A Lines	1040 Lines
Deductions (<i>appears if someone is self-employed</i>)			
Do you or someone in your household pay self-employment tax? (Appears on Household Income screen if you answer Yes to “Are you or someone in your household currently self-employed?”)			27
Do you or someone in your household pay into a self-employment retirement plan (SEP, Simple or qualified plan) or pay self-employment health insurance? (Appears on Household Income screen if you answer Yes to “Are you or someone in your household currently self-employed?”)			28*,29*

*Include in this HPF income category if client is self-employed.

Exceptions - Income

Clients do report in HPF the following:

- All Social Security and Railroad Retirement income, even if it is not taxable income.
- Foreign earned income which is otherwise excluded from gross income under Section 911 of the Internal Revenue Code, including:
 - Certain foreign earned income
 - Certain foreign housing allowances.

Exceptions - Income

Clients do not report in HPF the following income:

- Certain types of American Indian/Alaska Native income (see WAC 182-509-0340), such as:
 - Distributions from settlement trusts, and
 - Rent from lands held in trust.

Final Thoughts on Income

- Clients should have a reasonable basis for the income they report
- If a client is self-employed, the client will want to keep records to support the amount of revenues and expenses that the client used to arrive at net income (IRS Form 1040 Line 12)
- If the client takes advantage of health insurance premium tax credits, the income that is reported in Healthplanfinder is reconciled at the end of the year to what is reported on the client's tax return; any difference could affect the client's tax return amount

MAGI INCOME in HPF Questions?

MAGI INCOME Questions

Income

QUESTION:

How many prior months should you use to average an applicant's income in Healthplanfinder?

ANSWER:

- You should go as far back as needed to report accurate current income.
- The applicant always has the choice to report either actual current income or current income that is averaged over a certain period of time.

Income

EXAMPLES (cont):

- If the applicant has seasonal work throughout the year that fluctuates but is predictable, you should average over the course of the year.
- If the applicant lost a regular paying job 4 months ago and has been working odd jobs since then, you should average over the course of the last 3 months.

Income

QUESTION:

If monthly gross income (before business expenses) is listed for a self-employed client, and they realize they have not subtracted their monthly allowable business expenses, can we correct that so the income is accurate?

ANSWER:

- Yes, please correct their income by reporting a change in Healthplanfinder and entering their monthly business expenses.

Income

QUESTION:

What if the income entered in Healthplanfinder made the individual eligible for HIPTC but it was incorrect? Should a new application be created if we expect the individual's correct income would result in an Apple Health approval?

ANSWER:

No, do not create a new application. Instead, you should report a change in income using the individual's Dashboard in Healthplanfinder.

Income

QUESTION:

For self-employment income, I have been entering gross income and then "claimable business expenses" separately. The webinar made it sound like I should just be entering ONE income (the net income). Have I been entering this incorrectly?

ANSWER:

A self-employed individual should report their monthly business income, after deducting allowable business expenses (but before income taxes).

Income

EXAMPLE (cont):

Individual makes \$1400/mo. before income taxes and business expenses. They have business expenses of \$400/mo. The self-employment income in Healthplanfinder would be listed at \$1000/mo. This is the amount that should be reported in Healthplanfinder as the self-employment income.

Income

QUESTION:

What do you do about negative income when the individual is self-employed?

ANSWER:

- Healthplanfinder currently does not allow an individual to report negative income.
- Until this is updated in the system, the individual should subtract the negative income from any other income they may have. If the individual has no other income, enter \$0.

Income

QUESTION:

I had an individual who rents out her primary/only residence which generates rental income, but nowhere in Healthplanfinder can she deduct the mortgage to reflect zero profit. Is there a way to reflect that in HPF?

ANSWER:

MAGI-based income rules follows IRS tax return rules, with a few exceptions. The requirements for reporting income and expenses for rental residential property are complex; the IRS has created Publication 527 to explain the requirements, which is a technical 25 page document.

Income

ANSWER (cont):

- The amounts the individual reports as residential rental income and expense on Schedule C or Schedule C-EZ of his or her tax return should be reported as the net rental income in Healthplanfinder.
- Remember: this is the individual's application, and he or she is responsible for making sure that the application is correct.

Income

QUESTION:

A person makes \$13.75/hour and works 38 hours/week and gets paid bi-weekly. Are we supposed to multiply the weekly earnings by 4 or 4.3 weeks?

ANSWER:

For applicants who get paid bi-weekly, multiply their weekly earnings by 4.3 to calculate their monthly earnings.

Income

QUESTION:

When one of the household members works and pays taxes in Canada do we need to count their income?

ANSWER:

- MAGI-based income rules follow IRS tax return rules, with a few exceptions. This is one of those exceptions. For some individuals, foreign earned income, that would otherwise be taxable by the U.S., is excluded for income tax return purposes.
- However, the Affordable Care Act requires this income to be included in the client's application for purposes of applying for health care coverage in Healthplanfinder.

Income

QUESTION:

For a person who is 19 yrs. old or older and still being claimed by parents on taxes: Do we need to include the parent's income on the application?

ANSWER:

Yes. If the parents are claiming their adult child as a dependent on their tax return, you need to include the parents on the adult child's application (but the child is not applying for coverage for them) and you need to include the parents' income on the adult child's application.

Income

QUESTION:

Do you add the father's income to the mother's application if they are not married, living together, and he claims the kids as tax dependents on his tax return?

ANSWER:

If the parents are unmarried and the father is claiming their children on his tax return, you need to provide both parents' income.

Income

QUESTION:

If a family member is found eligible for a Qualified Health Plan, but later the income changes and would make them eligible for Medicaid, can they still report this on Healthplanfinder?

ANSWER:

Anyone who is enrolled for health coverage in Healthplanfinder needs to report changes in income. If their income falls to the point that they become eligible for Medicaid and they meet all the other requirements for Medicaid, they will be enrolled in Medicaid when they report their new income and be disenrolled from their qualified health plan.

Income

QUESTION:

An individual is found eligible for Apple Health based on their reported point in time income of \$0. They begin receiving income the next month. When he/she reports the change in income will they lose their Apple Health coverage?

ANSWER:

Yes, an individual loses Medicaid coverage if his or her current monthly income is greater than the Medicaid standard. However, pregnant women and children have continuous eligibility and retain their coverage through the certification period.

MAGI INCOME Questions?

RESOURCES/CONTACT INFO

CSC Referrals List

HCA Medical Assistance Customer Service Center (MACSC)	HBE Washington Healthplanfinder Customer Support Center (HBE CSC)	DSHS Community Services Division Customer Service Contact Center (CSCC)	HCA Medical Eligibility Determination Services (MEDS)
1-800-562-3022 or https://fortress.wa.gov/hca/p1contactus/ or AskMedicaid@hca.wa.gov	1-855-923-4633 or CustomerSupport@wahbexchange.org	1-877-501-2233 or www.washingtonconnection.org	1-800-562-3022 or https://fortress.wa.gov/hca/magiccontactus/ContactUs.aspx or AskMAGI@hca.wa.gov
ProviderOne Client Services Card inquiries	Apply or renew health care coverage for family, children, pregnancy or new adult medical programs	Apply for Food or Child Care assistance	Washington Apple Health MAGI Medicaid eligibility questions
Provider billing and claims questions	HIPTC/QHP/SHOP questions	Apply for Cash assistance (including TANF, ABD, etc.)	Post-Eligibility Case Review questions
Healthy Options enrollment and disenrollment	Locate an HBE In-person Assister/Navigator	Apply for Classic Medicaid programs (ABD/LTC/SSI)	Washington Apple Health for Kids premium payment questions
ProviderOne Benefit Services Package questions	Request an appeal for HIPTC/QHP programs (denials/terminations)	Request an appeal for Classic Medicaid, Cash, Food, or Child Care assistance (denials/terminations)	Request an appeal for Washington Apple Health programs (denials/terminations)

HCA Area Representatives

Area	Counties	Representative
East	Asotin Ferry Garfield Lincoln Pend Oreille Spokane Stevens Whitman	Mark Westenhaver mark.westenhaver@hca.wa.gov 360-725-1324
North Central	Adams Chelan Douglas Grant Okanogan	Francesca Matias francesca.matias@hca.wa.gov 360-725-0920
South Central	Benton Columbia Franklin Kittitas Klickitat Walla Walla Yakima	Dody McAlpine dody.mcalpine@hca.wa.gov 360-725-9964
North West	Island San Juan Skagit Snohomish Whatcom	Maggie Clay maggie.clay@hca.wa.gov 360-725-0934

HCA Area Representatives

Area	Counties	Representative
King	King	Rebecca Janeczko rebecca.janeczko@hca.wa.gov 360-725-0752
		Sarah Michael sarah.michael@hca.wa.gov 360-725-0919
Central West	Clallam Jefferson Kitsap Mason Pierce	Melissa Rivera melissa.rivera@hca.wa.gov 360-725-1713
South West	Clark Cowlitz Grays Harbor Lewis Pacific Thurston Skamania Wahkiakum	Dody McAlpine dody.mcalpine@hca.wa.gov 360-725-9964

Additional Medicaid Resources

HCA Medicaid <http://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage>

- **Training & Education**

<http://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage/stakeholder-training-and-education>

- **CSC Referrals List**

http://www.hca.wa.gov/assets/free-or-low-cost/customer_support_center_referrals.pdf

- **Questions? Contact your HCA Area Representative**

http://www.hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf

Future Webinars

Next scheduled HCA Medicaid Update webinar:

April 10th from 2pm – 3pm

TOPICS

Newborn Process

Retroactive Coverage

- Registration announcement was sent on 3/26/2014 through various email distribution lists.